A 44-year-old woman with familial adenomatous polyposis syndrome underwent video capsule endoscopy (VCE) (Pillcam SB2, 11.0 mm diameter; Given, Yoqneam, Israel) for suspected small-bowel adenomas. She had undergone proctocolectomy with ileoanal pouch anastomosis 13 years earlier to treat colon carcinoma. During the day of the VCE exam, endoscopy of the ileoanal pouch was performed showing a stenosis of the ileoanal anastomosis 1 day before video capsule endoscopy (VCE). Symptoms of this stricture had not been reported by the patient. A digital rectal exam was impossible as a result of the stenosis; however, the stricture could be passed with an endoscope of 9.8 mm diameter (Olympus GIF-H180). The pouch and neoterminal ileum showed no further abnormalities. Approximately 36 hours after administration of the video capsule, the patient developed abdominal pain. An abdominal computed tomography (CT) scan showed mechanical bowel obstruction as a result of capsule entrapment in the anal stenosis (Fig. 2a, b). In a subsequent lower endoscopy, the retained capsule was recovered with a net retriever (Fig. 3), and the patient’s obstructive symptoms resolved after the capsule’s salvage. At 16-month follow-up, the patient remained asymptomatic from the anal stenosis.

VCE examination of the small bowel is indicated in patients with familial adenomatous polyposis with duodenal polyps [1]. The rate of capsule retention during VCE varies in the literature with a mean retention rate of 1.4% [2]. However, this event rarely leads to symptoms of bowel obstruction [2, 3]. To the best of our knowledge, obstruction owing to capsule entrapment by anal stenosis, which is common after ileoanal pouch operation, needs to be considered in this patient group.

**Competing interests:** None

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